

Attorney Docket No. _____

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
NOVEL DENDRITIC POLYMERS HAVING BIPHOSPHONIC TERMINATIONS, DERIVATIVES THEREOF, METHOD FOR PREPARING THEM, AND THEIR USE

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States Patent application Number _____ on _____ and was amended on _____ (if applicable).
- ☒ was filed as PCT International application Number PCT/FR04/02988 on November 23, 2004 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119 (a)-(d), 172 or 365(a) of any foreign application(s) for patent or inventor's certificate or of any international (PCT) application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international (PCT) application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

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COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 OR 365(a)
FRANCE	0313752	24.11.2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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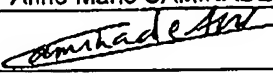
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For Utility or Design Patent Application
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FULL NAME OF SOLE OR FIRST INVENTOR	Anne-Marie CAMINADE
Signature	
Date	12/05/06
Residence (City, State, Country)	17, rue de l'Estrel - 31400 TOULOUSE - FRANCE
Citizenship	FRENCH
Mailing Address	THE SAME AS ABOVE
City, State, ZIP, Country	TOULOUSE - 31400 - FRANCE
FULL NAME SECOND INVENTOR, IF ANY	Jean-Pierre MAJORAL
Signature	
Date	
Residence (City, State, Country)	11, Allée Montcalm - 31520 RAMONVILLE ST AGNE -
Citizenship	FRENCH
Mailing Address	THE SAME AS ABOVE
City, State, ZIP, Country	RAMONVILLE ST AGNE - 31520 - FRANCE
FULL NAME OF THIRD INVENTOR, IF ANY	Laurent GRIFFE
Signature	
Date	
Residence (City, State, Country)	11, rue des Amidonniers - 11000 CARCASSONNE -
Citizenship	FRENCH
Mailing Address	THE SAME AS ABOVE
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Buchanan Ingersoll PC

ATTORNEYS

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FULL NAME OF FOURTH INVENTOR, IF ANY	Cédric TURRIN
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Residence (City, State, Country)	18 rue Devic - 31400 TOULOUSE - FRANCE
Citizenship	FRENCH
Mailing Address	THE SAME AS ABOVE
City, State, ZIP, Country	TOULOUSE - 31400 - FRANCE
FULL NAME OF FIFTH INVENTOR, IF ANY	Pascal METIVIER
Signature	
Date	
Residence (City, State, Country)	117, Boulevard Serrurier - 75019 PARIS - FRANCE
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Mailing Address	THE SAME AS ABOVE
City, State, ZIP, Country	PARIS - 75019 - FRANCE
FULL NAME OF SIXTH INVENTOR, IF ANY	
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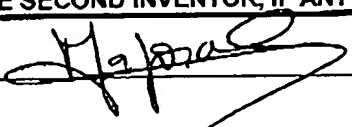
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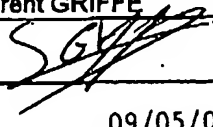
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FULL NAME OF THIRD INVENTOR, IF ANY	Laurent GRIFFE
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Date	09/05/06
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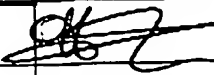
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Citizenship	FRENCH
Mailing Address	THE SAME AS ABOVE
City, State, ZIP, Country	TOULOUSE - 31400 - FRANCE
FULL NAME OF FIFTH INVENTOR, IF ANY	Pascal METIVIER
Signature	
Date	
Residence (City, State, Country)	117, Boulevard Serrurier - 75019 PARIS - FRANCE
Citizenship	FRENCH
Mailing Address	THE SAME AS ABOVE
City, State, ZIP, Country	PARIS - 75019 - FRANCE
FULL NAME OF SIXTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF SEVENTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	

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